

Frequently Asked Questions

RBHS Service Changes: Medicaid Bulletin #15-019

- 1. The bulletin says the new rates are retroactive for dates of services on or after March 1, 2015. How do I get reimbursed at the new rate for the services I've already billed since then?**

The agency will make an adjustment reflecting the new rates retroactive to March 1, 2015. We expect the adjustment will be reflected on the remittance advice issued on April 24, 2015.

- 2. As a private provider, if I get a referral from a state agency do I still need to go through KEPRO?**

Yes. The referral form from the state agency replaces the Diagnostic Assessment (DA) and Early Learning Accomplishment Profile (E-LAP)/Child's Behavior Checklist (CBCL)/Children and Adolescent Level of Care Utilization System (CALOCUS) in the document set submitted to KEPRO for prior authorization (PA). KEPRO will issue PA numbers regardless of referral source.

- 3. What if I get a referral from outside a state agency?**

The following document sets would be submitted to KEPRO for PA:

- Beneficiaries ages birth-5: DA and E-LAP/CBCL
- Beneficiaries ages 6-21: DA and CALOCUS
- Beneficiaries 22 and older: DA

- 4. Do the new requirements outlined in this bulletin mean that our Rehabilitative Behavioral Health Services (RBHS) clients travel to two different providers for assessments before services start?**

The same provider could conduct both the Diagnostic Assessment (DA) and the Child and Adolescent Level of Care Utilization System (CALOCUS), as long as they are a Licensed Practitioner of the Healing Arts (LPHA) and certified to conduct the CALOCUS in South Carolina.

- 5. Can our in-house LPHA complete the DA?**

Yes, the DA can be completed by an LPHA who is licensed to practice at the independent level in South Carolina. If the DA is completed by an LPHA who is not licensed at the independent level it must be co-signed by an LPHA who is.

- 6. There are two assessments, 90791 and H2000. If I have a Licensed Professional Counselor who is CALOCUS certified, can the LPC perform the assessment in-house?**

Yes the LPC can perform both of the assessments in-house.

- 7. Can the psychological evaluation from Department of Juvenile Justice (DJJ) be considered as the DA by an independent LPHA?**

Yes.

- 8. What is the timeframe for the DA and CALOCUS to be considered current with respect to the request for prior authorization?**

If the DA and CALOCUS were conducted within the last 30 days, they are considered current.

9. For the initial prior authorization period, if a DA was completed within the last six months, what type of assessment should be completed?

A Mental Health Comprehensive Assessment Follow-Up.

10. If the recommendations from the state agency differs from the DA done by the in-house LPHA, which recommendations should a private provider follow?

It is expected that clinical consultation and communication occur between the private provider and the sources of the recommendations. If there is still a difference of clinical opinion, the recommendations from the state agencies prevail.

11. Who are the certified CALOCUS providers in this state?

Please use the link below to find other CALOCUS certified providers.

<https://www.scdhhs.gov/site-page/calocus-provider-directory>

12. What if I am a certified CALOCUS provider in SC? Can I be listed on this website?

Yes. If you are currently a certified CALOCUS provider and would like to be listed, please contact Courtney Montgomery at Courtney.Montgomery@scdhhs.gov.

13. How do my other clinicians become certified?

Information on CALOCUS training and certification can be located at

<http://training.scdhhs.gov/academy/mod/quiz/view.php?q=3>

14. Can current RBHS providers expand to other locations?

Expanding RBHS programs to other areas in SC is not currently an option as SCDHHS is under a temporary CMS moratorium on enrollment for RBHS providers. SCDHHS will provide subsequent notice regarding a change in the status of the moratorium.

15. What is the definition of Serious Emotional Disturbance (SED) or Severe and Persistent Mental Illness (SPMI)?

Please refer to the Federal Register, Volume 58, No. 96, Thursday, May 20, 1993, pages 29422-29425 for a basic overview of these definitions.

<http://www.samhsa.gov/sites/default/files/federal-register-notice-58-96-definitions.pdf>

16. Can we use Telepsychiatry?

This service is currently only available in the Community Mental Health Centers.

17. How is group PRS defined?

Group PRS is defined as psychosocial rehabilitation services provided to more than one participant at a time. If there are two or more participants in a group, you must bill at the group rate. You may provide PRS services at a maximum staff to member ratio of 1:8.

18. What if there is a waiting list to be evaluated using the CALOCUS?

Community Support Services are not defined as urgent or emergent services. Therefore, we do not anticipate undue difficulty for Healthy Connections Medicaid members accessing these

services. If members are in need of immediate intervention, they may access crisis intervention services. Also, there are more certified CALOCUS providers available than are listed on the website. When someone is certified to provide the CALOCUS, SCDHHS asks their permission to publish their information on the website. The names on the list represent only those who have given SCDHHS permission to do so. If you are unable to locate a certified professional to conduct the CALOCUS, please contact Courtney.Montgomery@scdhhs.gov.